

# THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

P.O. Box 1360  
Frankfort, Kentucky 40602  
(502) 564-3296 ext. 227

## APPLICATION FOR REINSTATEMENT



### For Office Use Only

Amount: \$60.00

Date: \_\_\_\_\_

Your Ophthalmic Dispenser license expired on December 31. In accordance with KRS Chapter 326:080 and regulations governing this profession, you are required to renew you license each year with the submission of a renewal form, a renewal fee, and show evidence of the completion of six (6) hours of continuing education.

The thirty-(30)day grace period ended February 1. To reinstate your license you must complete this form and submit it with the reinstatement fee of **\$60.00 for active, with continuing education verification, or \$20.00 for inactive** in check or money order (**DO NOT SEND CASH**) made payable to the **Kentucky State Treasurer** and return to the above address. **Incomplete forms will be returned.**

### PLEASE COMPLETE THE FOLLOWING

☐ Check here if **Name or Mailing Address** is different from above:

1. Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

2. Present Business Name: \_\_\_\_\_ Business Phone: (     ) \_\_\_\_\_

Business Address: \_\_\_\_\_

3. E-Mail Address: \_\_\_\_\_  
(If applicable)

- ☐ I am requesting to renew my license on an **active status**. The \$60.00 fee is attached.
- ☐ I am requesting to renew my license on an **inactive status** as I am not engaging in the practice of Ophthalmic Dispensing. The \$20.00 fee is attached.
- ☐ I am not sponsoring an apprentice at this time.
- ☐ I have agreed to sponsor and provide supervision to an apprentice(s) working on site with me. I have listed below the name(s) of the apprentice(s). (*This information will supersede any information currently on file.*)

Apprentice #1 \_\_\_\_\_ License Number \_\_\_\_\_

Apprentice #2 \_\_\_\_\_ License Number \_\_\_\_\_

201 KAR 13:055 Section 2. Each ophthalmic dispenser licensee shall be required to complete a minimum of six (6) continuing education hours in order to renew his license each year.... Continuing education hours in excess of the number of required at the time of renewal of license may not be applied to future requirements.

List below all continuing education information requested. Documentation to support your continuing education hours is not to be submitted unless you are audited by the board.

Course Name and Number	Date(s) Mo/Day/Yr	Sponsor	Hours Earned
TOTAL NUMBER OF CE HOURS OBTAINED =			

☐ Requesting re-activation of license (currently on inactive status), continuing education is required.

**Please provide the following information if continuing education information is not provided or incomplete.**

- ☐ First year licensee. No continuing education required. Date of initial license \_\_\_\_\_
- ☐ Currently on Inactive Status. (Fee required, no continuing education hours required.)
- ☐ Requesting Inactive Status. (Fee required, no continuing education hours required.)
- ☐ Requesting termination. (No fee or continuing education required.)

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

Signature (*required*) \_\_\_\_\_ Date: \_\_\_\_\_

